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**Innovative Community-Based Prevention System Reduces Risky Behavior in
10-14 Year Olds**

*Communities That Care System Lowers Rates of Substance Abuse and Delinquent Behavior in
Seven States*

A randomized trial of Communities That Care (CTC), an evidence-based substance-use community-focused prevention system, showed significant reductions in the initiation of alcohol use, tobacco use, binge drinking, and delinquent behavior among middle schoolers as they progressed from the fifth through the eighth grades. The positive results, published in the Sept. 7 Archives of Pediatrics and Adolescent Medicine, demonstrate that community-based coalitions using customized evidence-based approaches can prevent the early initiation of substance abuse and delinquent behavior among youth.

The four-year trial, called the Community Youth Development Study, began in 2003 and has been supported by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH), with co-funding from other NIH Institutes including the National Cancer Institute, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the National Institute of Mental Health; and from the Center for Substance Abuse Prevention (CSAP), part of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services.

“The results of this trial confirm that tools do exist that give communities the power to reduce risk for multiple problem behaviors across a community,” said NIDA Director Dr. Nora Volkow. “What makes Communities That Care unique is that it enables communities to identify their own special issues so they can hand pick the right prevention programs.”

Prevention research has produced programs with efficacy in reducing the risk of substance abuse among youth, but the process of getting these programs into communities has been difficult. CTC helps individual communities identify prevalent risk factors for future substance use among their youth and choose evidence-based programs to address those risk factors across the

community. Recent research shows that for each dollar invested in research-based prevention programs, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen.

“If you want to prevent problems, address those risk factors that are elevated in the community with programs or policies that have already been tested and shown to be effective in similar populations,” explained Dr. J. David Hawkins, founding director of the Social Development Research Group at the University of Washington and lead author of the study.

To evaluate the CTC program, researchers studied a group of 4,407 fifth graders from 24 communities in Colorado, Illinois, Kansas, Maine, Oregon, Utah and Washington. Twelve communities were randomly assigned to undergo CTC training and implementation, and 12 served as the control communities that did not implement CTC. In the CTC communities, stakeholders including educators, business and public leaders, health workers, religious leaders, social workers and other community volunteers received six training sessions over a year to help them identify the dominant risk and protective factors for substance use in their areas. The coalitions then chose and implemented from two to five evidence-based prevention programs tailored to their risk factors, from a menu of tested and effective prevention strategies. The strategies focus on a variety of topics depending on community need, including alcohol and drugs, violence prevention, reducing family conflict, life skills training, HIV/AIDS prevention, dating safety, tobacco, and anger management. The youth were surveyed annually for four years concerning their risky behaviors to determine the impact of delivering programs through the CTC system.

By the eighth grade, students in the CTC communities were 32 percent less likely to begin using alcohol, 33 percent less likely to begin smoking, and 33 percent less likely to begin using smokeless tobacco than their peers in the control communities. Students from CTC communities were also 25 percent less likely to initiate delinquent behavior, itself a risk factor for future substance use and an important target for prevention.

“This shows that a coalition of community stakeholders armed with tools solidly grounded in prevention science can prevent middle schoolers from starting to use tobacco, starting to drink, and starting to engage in delinquent behavior,” said Dr. Hawkins. “That’s what’s really remarkable—that the effects are community- wide.”

The researchers plan to track the children from all 24 communities through the year following high school, to monitor the sustainability of the effects of CTC and whether the communities continue to employ their chosen prevention programs.

Communities That Care is distributed by CSAP. More information about CTC can be found at <https://preventionplatform.samhsa.gov>.

A virtual town hall is planned for Sept. 9 to discuss the study results among national leaders, researchers and study participants. The meeting will originate at the national press club in Washington, D.C. and will include R. Gil Kerlikowske, chief of the White House Office of National Drug Control Policy, NIDA Director Dr. Nora Volkow, Dr. J. David Hawkins, the study’s lead investigator and CSAP Director Frances Harding. Study participants from Maine’s

five town community of Appleton, Camden, Hope, Lincolnville and Rockport will participate via satellite to discuss their town's success with the CTC prevention model. For more information about this event, please contact [Jeff Levine](#) or [Stephanie Older](#).

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The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug abuse and addiction. The Institute carries out a large variety of programs to inform policy and improve practice. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found on the NIDA home page at www.drugabuse.gov. To order publications in English or Spanish, call NIDA's new DrugPubs research dissemination center at 1-877-NIDA-NIH or 240-645-0228 (TDD) or fax or email requests to 240-645-0227 or drugpubs@nida.nih.gov. Online ordering is available at <http://drugpubs.drugabuse.gov>.

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